

Annual Written Notification
Accessing Public Benefits and Releasing Personally Identifiable Information
to the North Carolina Division of Health Benefits (NC Medicaid)

(Name of Local Education Agency)

(Address, City, State)

Federal law requires each State to develop agreements with non-educational public agencies to ensure all services necessary to provide a free appropriate public education (FAPE) are provided to children with disabilities at no cost to the parent. This includes the State Medicaid agency when local education agencies (LEAs) are seeking reimbursement for some health care services provided at school.

Under the Family Education Rights and Privacy Act (FERPA), your consent is required for the school system to release information about your child to the North Carolina Division of Health Benefits (NC Medicaid) in order to access your or your child's public benefits. You are entitled to have a copy of any information the school system releases to the state Medicaid program.

The funds collected from Medicaid in this school system will be used to:

[INSERT LEA ALLOCATION OF REIMBURSEMENTS HERE. UNDERSTANDING HOW THE LEA USES MEDICAID REIMBURSEMENT TO SUPPORT/IMPROVE EDUCATIONAL PROGRAMS OFTEN HELPS PARENTS SEE THE BENEFIT OF PROVIDING CONSENT.]

You are receiving this notice because you have given prior written consent for (Name of Local Education Agency) to release information needed to access North Carolina Medicaid reimbursement for services provided through your child's plan type below (check all that apply):

- ☐ Individualized Education Program (IEP)
- ☐ Individualized Family Service Plan (IFSP)
- ☐ Section 504 Plan
- ☐ Individualized Health Plan (IHP)
- ☐ Behavior Intervention Plan (BIP)

This annual notices confirms the school district may release:

- Your child's name and Medicaid number;
- Your child's date of birth;
- Your child's service documentation, including evaluations;
- The dates and times services are provided to your child at school;
- Reports of your child's progress, including therapist notes, progress notes and report cards.

Your child will continue to receive all required services at no cost to you. You may revoke your consent at any time. Revoking your parental consent does not change the school district's responsibility to provide all required plan services at no cost. You may ask questions about this program or revoke your consent at any time by contacting (Name) at (contact information).

Date Notification provided to parent: ____/____/____

Method of Delivery: (check one)

- ☐ Mailed to parent(s)
- ☐ Emailed to parent(s)
- ☐ IEP, IHP, IFSP, Section 504, or BIP meeting